

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085819

Entity Name: GALLERY 619, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2600 S. DOUGLAS ROAD PH-6
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 S. DOUGLAS ROAD PH-6
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3401489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADIAL, JOSE I
2600 S. DOUGLAS ROAD PH-6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: FUCCI, CHIARA
Address: 2600 S. DOUGLAS ROAD PH-6
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: DE LOS ANGELES LOPEZ, MARIA
Address: 2600 S. DOUGLAS ROAD PH-6
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SANTAGROCE, FRANCESCO
Address: 2600 S DOUGLAS RD., PH-6
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA DE LOS ANGELES LOPEZ

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date